
# Development of Standards and Guidelines for Healthcare Surge during Emergencies

## Personnel

# PERSONNEL

**NOTE: This document is the first draft output from the Personnel work team. It is the culmination of input received from multiple sources which includes ideas generated by stakeholders, reference material gathered through research, documents submitted by stakeholders, and analysis of current regulations and statutes. It is a work in progress and will continue to be refined over the next few weeks. We would like to solicit your feedback on the content of this document. Should you have reference material or ideas, please contribute them via email to hcsurge@us.pwc.com. The quality and effectiveness of this deliverable is ultimately decided by you, the stakeholder.**

**As a work in progress document, we are attempting to identify resources and solutions for the following issues:**

1. How can liability be extended to personnel practicing outside of the scope of practice?
2. What is the standard and authority to authorize use of Federal employees as disaster service workers?
3. What are the implications of providing stipends to disaster service workers (public employees) or other responders (private citizens and volunteers) as an incentive to maintain staffing levels in a prolonged surge environment?
4. Can a pre-registration and credentialing process be developed for security personnel? Can ESAR-VHP or MRCs include this category of workers? What can be done to facilitate registration of ancillary and support services personnel prior to and during surge?
5. Creation of waivers or standby orders for:
   - Flexed scope of practice (Boards of Licensure)
   - Flexing or waiving reciprocity requirements (inter-facility and interstate)
   - Flexing of supervisory ratios (e.g. Physicians permitted to supervise/oversee >2 P.A.s)
6. Identification of consequences for individuals who refuse to comply with mandates or authorities during surge (e.g. compelled to serve, mandated vaccinations, quarantine, etc.).

**Introduction**

Providing healthcare during a large scale public health emergency presents significant challenges for healthcare facilities, licensed healthcare professionals, and communities. During emergency events, healthcare systems must convert quickly from their existing patient capacity to “surge capacity” - a significant increase beyond usual capacity - to rapidly respond to the needs of affected individuals. The demands of the emergency may prevent compliance with the existing healthcare standards. Just as California has healthcare standards for use with a normal operations, it is essential that California provide guidelines that identify the extent to which existing standards can be flexed or waived for healthcare delivery during emergencies.

Surge planning for the healthcare system is a substantial and complex challenge. In a time of significant disaster, a successful plan must provide flexibility to address capacity (volumes of patients) and capabilities (types of illnesses) that emerge above baseline requirements. The issues addressed are diverse and include standards of practice during an emergency, liability of hospitals and licensed healthcare professionals, reimbursement of care provided during an emergency, operating alternate care sites, and planning considerations for surge operations at individual hospitals.

Upon completion of this project, stakeholders will have access to a *Standards and Guidelines Manual* that will serve as a reference manual on existing statutory and regulatory requirements identifying what will be flexed or modified under different emergencies; *Operational Tools* that include forms, checklists and templates to facilitate and guide the adoption and implementation of statutory and regulatory requirements outlined in the Standards and Guidelines Manual; and a *Training Curriculum* outlining intended audience, means of delivery and frequency of training that will enable adherence to the policies and overall readiness of the healthcare delivery system.

The deliverables will serve as the basis for planning and operations of healthcare facilities, providers and communities during an unexpected increase in demand for healthcare services. The deliverable will focus on eight areas: (1) Declaration and Triggers; (2) Existing Facilities; (3) Alternate Care Sites; (4) Personnel; (5) Supplies, Pharmaceuticals and Equipment; (6) Funding Sources; (7) Administrative; and (8) Population Rights.

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The Personnel work group will develop content that will be used by existing facilities and alternate care sites (ACS) during surge. Readers may use the recommended guidelines and operational tools identified to begin developing or adapting surge and disaster response plans as necessary. The primary goal of the work group is to enable surge response through analysis of current standards and identification of waivers.

This work group summary is divided into five sections. The first section provides analysis for standards and guidelines related to professional liability and scope of practice as they pertain to personnel working during surge. This section identifies waivers and potential flexing of current standards that will enable staff members to work during surge with reduced liability, as well as provide staff coordinators with the ability to utilize staff in non-traditional roles that best meet the need of the emergency.

The second section focuses on analysis of flexing of standards for credentialing of personnel during surge. This section will provide specific guidelines and processes as to how credentialing can be flexed and under what circumstances this will occur.

The third section of this document focuses on the maintenance and organization of personnel workforce during surge, which will provide guidance around evaluating staff physical and mental fitness for duty, operating under flexed staffing ratios, identification and utilization of augmented personnel, and management of surge roles and responsibilities. Personnel refer to internal and external clinical and non-clinical staff members. This section will also provide guidelines and checklists for staff and dependent support during surge. Support consists of: dependent care, behavioral healthcare, pet care, clothing, food, shelter, hygiene provisions, etc.

The fourth section provides analysis of standards related to workers' compensation and provides guidance to facility and staff coordinators on how workers' compensation may or may not be affected during surge.

The fifth and final section of the document will provide training guidelines for the identified operational tools. This section of the document will be drafted by work team members following the creation of the necessary tools.

### Professional Liability and Scope of Practice

This section provides analysis of current professional liability standards related to personnel providing care during a disaster or emergency. In addition, as liability may be affected by the circumstances that arise during a state of emergency, this analysis will provide recommended standby orders to be implemented during a state of emergency to authorize flexed scope of practice.

In light of the identified standards and available waivers, the work group members recommended solutions that will enable personnel to provide immediate care with reduced liability during surge. These solutions and tools will be used by the reader during surge planning and by staff coordinators (labor pool managers) to deploy personnel resources and skill sets to meet patient and facility demands. Tools and guidelines will consist of:

- Definition of terms
- Identify or recommend guidelines and waivers to flex supervisory roles and staff to patient ratios
- Provide a list of qualified immunities for personnel types

- Recommend guidelines for when (duration of time) and where (affected and unaffected areas) flexed scope of practice and immunity from liability can occur
- Provide wording to be adopted by medical staff and human resources bylaws to enable flexed scope of practice
- Provide guideline for existing facilities to review and revise labor and union contracts to enable staffing flexibility during surge

Professional Liability

Existing scope of practice, legal and professional requirements, and guidelines may be flexed by the Governor during a state of emergency. This, however, raises issues relating to liability and professional malpractice coverage if an injury occurs to a patient receiving care from a provider whose care is outside his or her scope. Addressing this and other related issues should be considered at the time of flexing scope of practice to clarify affects to qualified immunities and malpractice coverage. The following three standards provide a broad approach to professional liability.

According to the Interstate Civil Defense and Disaster Compact, California Government Code, Section 178.5 Article 5, no party state or its officers or employees rendering aid in another state pursuant to this compact shall be liable on account of any act or omission in good faith on the part of such forces while so engaged, or on account of the maintenance or use of any equipment or supplies in connection therewith.

The Emergency Management Assistance Compact, California Government Code, Section 179.5 Article 6, indicates that officers or employees of a party state rendering aid in another state pursuant to this compact shall be considered agents of the requesting state for tort liability and immunity purposes. No party state or its officers or employees rendering aid in another state pursuant to this compact shall be liable on account of any act or omission in good faith on the part of such forces while so engaged or on account of the maintenance or use of any equipment or supplies in connection therewith. Good faith in this article shall not include willful misconduct, gross negligence, or recklessness.

According to the Volunteer Protection Act of 1997, Sec. 4(a), no volunteer of a nonprofit organization or governmental entity shall be liable for harm caused by an act or omission of the volunteer on behalf of the organization or entity if: 1) The volunteer was acting within the scope of the volunteer's responsibilities. 2) If appropriate or required, the volunteer was properly licensed, certified, or authorized by the appropriate authorities, etc. The Volunteer Protection Act of 1997 provides that a volunteer of a nonprofit organization or government generally will be relieved of liability for harm if the volunteer was acting within the scope of his responsibilities and if he was properly licensed, certified, or authorized for the activities (whenever such licensing, certification, or authorization is appropriate or required). The Act preempts state law, but allows a State to apply its own law exclusively in any case that does not involve out-of-state parties. It does not protect volunteer organizations.

Based on the analysis of current standards and regulations, it is recommended that existing facilities develop plans to receive staff from community and regional volunteer registries such as MRCs and ESAR-VHP. In addition, these facilities should develop MOUs or partnerships with strategically located organizations that would be able to supplement staffing shortages during surge. These MOUs should identify multiple sources of supplementary staff based on potential geographic impact and duration of surge (short and long term). The benefit of using volunteer staff is that these individuals have a reduced level of liability through their volunteer status. Registered and walk-in volunteers who are reasonably credentialed (verification of clinical or non-clinical qualifications and training, background checks, etc.) will best be able to provide care immediately following a declared state of emergency. Healthcare facilities that will be established during a surge and operated by the State or other governmental authority (alternate care sites - ACS) may also rely on volunteer and registered disaster service workers (DSW) as a primary source of personnel. If potential ACS sites are pre-identified, appropriate MOUs and staff recruitment plans could be established proactively by local health officers.

Scope or Practice

In an effort to meet the care needs of patients during surge, it may be necessary to flex standards related to scope of practice in order to enable available personnel to provide immediate care. According to the California Emergency Services Act, Section 8659, any physician or surgeon (whether licensed in this state or any other state), hospital, pharmacist, nurse, or dentist who renders services during any state of war emergency, a state of emergency, or a local emergency at the express or implied request of any responsible state or local official or agency shall have no liability for any injury sustained by any person by reason of such services, regardless of how or under what circumstances or by what cause such injuries are sustained; provided, however, that immunity shall not apply in the event of a willful act or omission.

Scope of practice is delineated by practitioner type, and may be governed by statute, licensure boards and standards of care in the community (or any combination of these). Scope is complicated and constantly changing. Scope is further complicated by overlapping and sometimes competing interests of the various provider types (e.g., anesthesiologists and nurse anesthetists). With this in mind, flexing scope is under the auspices and authority of the Governor during a state of emergency. For this reason, the provision of a standby order that allows flexed scope of practice during surge may provide the best means of enabling practitioners to provide care.

In order to provide guidelines around flexed scope of practice as permitted by each Board of Licensure, the following Pharmacy Practice Act provision provides an example of authorized flexed scope of practice that may further enable adequate provision of care during an emergency. The Pharmacy Practice Act – Business & Professions Code 4052.1 states: Notwithstanding any other provision of law, a pharmacist may perform the following procedures or functions in a licensed health care facility in accordance with policies, procedures, or protocols developed by health professionals, including physicians, pharmacists, and registered nurses, with the concurrence of the facility administrator:

- Ordering or performing routine drug therapy-related patient assessment procedures including temperature, pulse, and respiration.
- Ordering drug therapy-related laboratory tests.
- Administering drugs and biologicals by injection pursuant to a prescriber's order.
- Initiating or adjusting the drug regimen of a patient pursuant to an order or authorization made by the patient's prescriber and in accordance with the policies, procedures, or protocols of the licensed health care facility.
- Prior to performing any procedure authorized by this section, a pharmacist shall have received appropriate training as prescribed in the policies and procedures of the licensed health care facility.

Under a declared emergency, the Pharmacy Board has the authority to waive the application of the act if it will aid in the protection of public health or the provision of patient care.

Based on the analysis of the Pharmacy Board's flexed scope of practice provision, it was determined that a similar set of provisions should be developed by other Licensing Boards. These flexed scope of practice provisions outline the roles that professionals can fulfill during a surge. Such guidelines will allow staff coordinators the ability to augment staff roles immediately following a declared state of surge to best meet patient care needs with available staff. A complementary standby order may be drafted for the Governor to use in a state of emergency to authorize predetermined flexed scope of practice. Where predetermined flexed scope of practice plans are not available, a broad standby order could be drafted that authorizes flexed scope of practice per discretion of an appropriate authority.

**Credentialing**

This section of outlines available waivers related to credentialing that will allow facilities to readily accept, credential, and utilize staff during surge. Based on current standards, waivers and best practices identified from ESAR-VHP, MRCs, and existing facilities, a streamlined credentialing method and policy

has been drafted for use during surge. In addition to the streamlined credentialing method, a policy has been drafted to provide facilities with a basic model for compliance with credentialing standards during and after surge. The final element of the credentialing process is a paragraph that can be adopted into Medical Staff bylaws and Human Resources policy and procedure manuals to enable the use of the streamlined method and augmented staff.

Definition of Terms

For the purposes of orienting individuals who will oversee or be responsible for carrying out a streamlined credentialing process during surge, a glossary of terms was created to provide basic background knowledge for the task. The glossary of terms will complement the process flow and may be appended to a one-page operational tool that provides the essential information necessary to carry out the streamlined credentialing process (Just in Time job-aid).

Flexed Standards and Process for Acceptance of Staff

During a surge event, it will be necessary to enable facilities to use personnel that are not currently credentialed staff members. These augmented staff may be pre-registered volunteers, disaster service workers, or out of state professionals. In order to enable facilities to immediately use these individuals to supplement heightened or prolonged patient demand, standards for credentialing may be flexed or waived by the authority of the Governor during a declared disaster. Currently, California law qualifies out-of-state licensed professionals to work in CA, within scope of practice or licensure. Additionally, hospitals and healthcare facilities will be permitted to conduct a streamlined credentialing process during surge in order to increase staffing capacity. A basic policy has been drafted for existing facilities to use for credentialing of personnel during surge. The following analysis of current standards and waivers provides the basis for the streamlined credentialing process and criteria.

Although the Interstate Civil Defense and Disaster Compact California Government Code, Section 178 Article 4, indicates that licenses and certificates issued by other states will be recognized by the recipient state, credentialing and privileging responsibilities are held by the facility, and also the panel of providers held by the payor. In order to maintain the integrity of the process, a streamlined process will be provided that meets identified best practice standards for emergency credentialing. During a disaster, certain streamlined accommodations may be invoked under a state of emergency. In addition, existing law recognizes the licensure, credentialing or permit held by a healthcare practitioner as evidence of qualifications to provide disaster assistance within the scope of service of the provider or practitioner.

In addition, by order of the Governor, subject to limitation, the Emergency Management Assistance Compact California Government Code, Section 179.5 Article 5 provides deemed recognition to healthcare practitioners holding a current license, certificate, or other permit issued by another state that is part of the Mutual Aid Compact. By virtue of this deemed status as a licensed practitioner, out-of-state volunteers may assist during a disaster without the administrative delay required to verify qualifications of the healthcare practitioner.

Guidance currently exists for utilization of certain types of practitioners with lapsed licenses or retiree status as described in Business & Professional Code 920 and 922, which permit the use of providers with lapsed or inactive licenses in disaster areas where a shortage exists. The administrative requirements may be prohibitive if time is of the essence, so a waiver of these requirements (Business & Professional Code 922) could facilitate the use of retired or inactive licenses. The Governor has the authority under his executive powers in a state of emergency to enact such provisions.

Given the waivers provided by the Business and Professional codes above, adopting a modified process outlined by the Joint Commission may provide a feasible solution to the streamlined credentialing process (MS.4.110). The standard recommends that an organization may grant disaster privileges to volunteers eligible to be licensed independent practitioners when the disaster plan has been implemented and the immediate needs of the patients cannot be met, the organization may implement a modified credentialing and privileging process for eligible volunteer practitioners.

The standard process to credential and privilege practitioners may not allow a volunteer practitioner to provide immediate care, treatment, and services in the event of a disaster (refer to the Glossary for definitions of disaster and emergency) due to the length of time it would take to complete the process. A similar modified process for the assignment of disaster responsibilities for volunteers that are not independent practitioners exists at standard HR.1.25. While this standard allows for a method to streamline the credentialing and privileging process, safeguards must be in place to assure that volunteer practitioners are competent to provide safe and adequate care, treatment, and services. Even in a disaster, the integrity of two parts of the usual credentialing and privileging process must be maintained:

- Verification of licensure
- Oversight of the care, treatment, and services provided

The Joint Commission does not provide any formal procedure for carrying out this process, nor does it make any commitment to suspend accreditation requirements during a disaster. Still, hospital providers retain the obligation to verify competency and maintain oversight of the practitioners and care delivered. If primary source verification cannot be verified within 72 hours from the practitioner presenting to the provider, the provider must keep records of why it could not under the circumstances do the required verification check.

Per the recommendations of the Joint Commission and the identified waivers for credentialing during surge, a streamlined credentialing process and policy was developed for use in accepting personnel and collecting the minimum required data sets. In addition to the policy and process, a process flow diagram was created to illustrate the process for verification of identity, initial credentialing, and post-surge due diligence credentialing.

### Maintenance and Organization of Personnel

This section provides information related to maintaining adequate staff levels during surge. It provides analysis of current standards and regulations related to evaluation of personnel, workers' rights, staffing ratios, as well as guidelines for provision of support to staff and dependents. The best practice identified for organization of staff at a healthcare facility during surge was determined to be the Hospital Incident Command System (HICS). This system provides a scaleable model that is intended for existing facilities and can be adapted for use at ACSs as well. Based on a gap analysis for HICS, recommendations have been provided to supplement the system to meet the needs of personnel and dependents during surge. Specific elements of this section include:

- List and definition of personnel types (clinical, ancillary, volunteer, etc.)
- List of staffing sources with which facilities and planners can establish MOUs or partnerships
- MOU template for facility - staffing source agreement
- Flexed staffing plan - surge specific utilization matrix
- Roles and responsibility tracking matrix (surge operations - based on HICS organization chart), including minimal personnel requirements to maintain human resources department (daily operations)
- Training and orientation guidelines for augmented staff, to include "Just in Time" and "Just in Case" methods
- Checklist of provisions for staff and dependents
- Analysis of standards and waivers related to workers' rights, physical and mental fitness for duty, and staffing ratios
- Guidelines for maintenance and organization of staff based on HICS gap analysis

Staffing Ratios

During a surge, it will not only be necessary to flex the scope of practice for individuals, but it may also be necessary for facilities to operate under flexed staffing ratios. There are two types of ratios considered: 1) Patient to staff ratios; and 2) Supervisory ratios (e.g. Physicians to physician assistants.). During surge,

current waivers exist for Title 22 § 70217(q), which will allow hospitals and healthcare facilities to operate without maintaining standard patient to staff ratios. The standard indicates that the hospital shall plan for routine fluctuations in patient census. If a healthcare emergency causes a change in the number of patients on a unit, the hospital must demonstrate that prompt efforts were made to maintain required staffing levels. However no specific guidelines are provided as to how facilities can document efforts to meet ratio requirements. This standard can be flexed by the California Department of Health Services (CDHS) per general flexibility authority applicable to the licensed facility type. This standard is also subject to waiver by the Governor during a state of emergency.

In relation to complying with appropriate staffing standards, CMS Conditions of Participation for Hospitals, 482.23 currently indicate that:

- The hospital must have an organized nursing service that provides 24-hour nursing services. The nursing services must be furnished or supervised by a registered nurse.
- The hospital must have a well-organized service with a plan of administrative authority and delineation of responsibilities for patient care.
- The director of the nursing service must be a licensed registered nurse. He or she is responsible for the operation of the service, including determining the types and numbers of nursing personnel and staff necessary to provide nursing care for all areas of the hospital.
- The nursing service must have adequate numbers of licensed registered nurses, licensed practical (vocational) nurses, and other personnel to provide nursing care to all patients as needed. There must be supervisory and staff personnel for each department or nursing unit to ensure, when needed, the immediate availability of a registered nurse for bedside care of any patient.
- The hospital must provide 24-hour nursing services furnished or supervised by a registered nurse, and have a licensed practical nurse or registered nurse on duty at all times, except for rural hospitals that have in effect a 24-hour nursing waiver granted under Sec. 405.1910(c) of this chapter.
- The nursing service must have a procedure to ensure that hospital nursing personnel for whom licensure is required have valid and current licensure.

During a state of emergency, this standard can be waived, however because this is a federal statute, it must be waived by the Secretary of HHS or ASPR. Guidelines and a flexed staffing plan have been created for staff coordinators to use to track patient demand and staff capacity. This flexed staffing plan correlates with the identified levels of care provided at ACSs.

Workers' Rights and Ability to Work

The following analysis of standards and waivers that apply to personnel during a surge provides the basis for a series of guidelines developed to assist readers in creating policies that will support staffing demands while minimizing infringement upon workers' rights.

In order to maintain staffing and workforce resiliency during a surge response, it will be necessary to continuously evaluate staffing needs and fitness for duty (based on behavioral/mental health criteria, health and physical capability). During a surge where staff members may need or wish to return to work after recovering from an illness or injury, it is essential that return to work provisions and associated waivers are understood by staff coordinators or supervisors. Currently Title 8, Section 9776.1 indicates that a Health Care Organization (HCO) shall maintain a return to work program in conjunction with the employer and claims administrator to facilitate and coordinate returning injured workers to the workplace, to assess the feasibility and availability of modified work or modified duty, and to minimize risk of employee exposure after return to work to risk factors which may aggravate or cause recurrence of injury. The duties of the HCO shall be specified in the contract between the HCO and the claims administrator. During a surge, this standard can be waived by authority of the Governor under the Emergency Services Act, which would allow staffing supervisors and coordinators permit personnel to return to work without complete the normal return to work protocol.

In regards to permissible work shift extensions, the CA Industrial Welfare Commission Order No. 4-2001, 3(B)(9)-(10) indicates that no employee assigned to work a 12-hour shift established pursuant to this order shall be required to work more than 12 hours in any 24-hour period unless the chief nursing officer or authorized executive declares that: a "health care emergency", exists in this order; and all reasonable steps have been taken to provide required staffing; and considering overall operational status needs continued overtime is necessary to provide required staffing. Provided further that no employee shall be required to work more than 16 hours in a 24-hour period unless by voluntary mutual agreement of the employee and the employer, and no employee shall work more than 24 consecutive hours until said employee receives not less than eight (8) consecutive hours off duty immediately following the 24 consecutive hours of work. Notwithstanding subsection (B) (9) above, an employee may be required to work up to 13 hours in any 24-hour period if the employee scheduled to relieve the subject employee does not report for duty as scheduled and does not inform the employer more than two (2) hours in advance of that scheduled shift that he/she will not be appearing for duty as scheduled. However, during a surge, such statutes and regulations are subject to modification or waiver under the Governor's executive Powers during a state of emergency. Waiving of such work shift requirements may provide staff supervisors with the flexibility to maintain staffing levels immediately following a surge until additional personnel resources can be obtained.

During a surge, in the event that there is structural damage or potential increased risk of exposure to infection, staffing supervisors may need to deploy staff to work in conditions that by normal operating conditions would be deemed unsafe. Per Cal-OSHA, Section 5; each employer shall furnish to each of his employees employment and a place of employment which are free from recognized hazards that are causing or are likely to cause death or serious physical harm to his employees; shall comply with occupational safety and health standards promulgated under this Act. Each employee shall comply with occupational safety and health standards and all rules, regulations, and orders issued pursuant to this Act which are applicable to his own actions and conduct. OSHA requires under its general duty clause that employers protect employees from known dangers. These provisions of federal law are essentially identical to the provisions of Labor Code 6400. Although the Governor could waive the Labor Code provisions, the state cannot waive the provisions of the federal law. Although the U.S. Department of Labor could elect not to enforce these provisions in disaster situations, it is unclear that the requirements can be suspended. However, it should also be noted that disaster service workers, whether volunteers, public employees or impressed into service, have no claim against the public agencies for which they serve.

In addition to obtaining personnel resources through regional MRCs, ESAR-VHP (or other volunteer agencies), disaster councils (disaster service workers), or MOUs previously established with adjacent facilities, it may become necessary to commandeer additional personnel as permitted by Government Code 8572. Although this is a process that cannot be initiated by a healthcare facility, when such a shortage of personnel becomes evident; In the exercise of the emergency powers hereby vested in him during a state of war emergency or state of emergency, the Governor is authorized to commandeer or utilize any private property or personnel deemed by him necessary in carrying out the responsibilities hereby vested in him as Chief Executive of the state and the state shall pay the reasonable value thereof. By order of the Governor during a state of emergency, this code can be enforced. Commandeering personnel requires the state to pay reasonable compensation.

During a surge, hospitals will be faced with the need to maintain staffing levels. While maintaining these staff levels, it will be necessary to uphold acceptable standards of work conditions throughout the surge. Acceptable standards specifically relate to workers' rights. The following standards and waivers/ flexibility have been identified for the purpose of aiding staffing supervisors and administrators during surge. At present, the Speier Bill 739, (codified at Health and Safety Act 1288.5 *et seq*.) would establish the Hospital Infectious Disease Control Program, which would require the State Department of Health Services, health facilities, and general acute care hospitals implement various measures relating to disease surveillance and the prevention of health care associated infection (HAI).

By July 1, 2007, the acute care hospitals need to take the following actions: (1) Annually offer on-site influenza vaccines to all employees (2) Institute respiratory hygiene and cough etiquette protocols, develop and implement isolation procedures for influenza patients, and adopt a seasonal influenza plan (3) Revise existing or develop a new disaster plan that includes a pandemic influenza component. The plan should include any actual or recommended collaboration with local, regional and state public health agencies in the event of an influenza pandemic. This law requires hospitals to provide for example, flu vaccinations to all employees. The various requirements under this statute, some of which are not yet effective, are subject to waiver by the Governor by his authority in a state of emergency.

Support Provisions for Personnel and Dependents

In order to maintain staffing levels during surge, particularly for and extended period of time, it was recommended to make support provisions for staff members and dependents. Currently, there are no legal requirements for the provision of support to staff or dependents during an emergency. According to the Joint Commission, EC.4.10, it is expected that the hospital emergency plan provides processes for managing the following under emergency conditions:

- Staff support activities (for example, housing, transportation, incident stress debriefing)
- Staff family support activities
- Logistics relating to critical supplies (for example, pharmaceuticals, supplies, food,
- linen, water)
- Security (for example, access, crowd control, traffic control)

Although the expectation is provided by the Joint Commission, specific required support considerations have not been outlined by state or Federal agencies. In an effort to develop such a standard, a checklist that lists recommended staff and dependent support provisions will be provided for use as a planning guideline. These provisions will aid in the maintenance of staff during longer term surge events where it may be necessary to support staff and dependents near or at the work site.

**Reimbursement**

Reimbursement as it relates to personnel focuses maintaining workers' compensation for disaster responders. To do so, current standards and regulations were reviewed in relation to the primary classifications of personnel (paid, volunteer, disaster service worker), and responsibility for workers' compensation was outlined. Circumstances that may preclude or affect one's eligibility to receive workers' compensation were reviewed and appropriate guidelines developed. In addition to establishing guidelines, a surge time card was provided as a template for readers to use in identifying surge specific data that must be collected from personnel. This time card will allow facilities to track volunteer and employee hours worked, location of service, and relationship to facility (volunteer, existing staff, other).

Workers' Compensation during Surge

During a surge, various types of personnel, both professional and non-professional, will be responding to the surge. As personnel may be required to work in alternate care sites or facilities other than their own, providing guidance around the applicability of workers' compensation is considered an important component of recruiting and maintaining staff. Eligibility for workers' compensation will be affected by the employment status of personnel (volunteer vs. unpaid), as well as the relationship between the worker and employing/coordinating entity. For those volunteer workers classified as disaster service workers (DSW) (19 Cal. Code Reg. 2570.2.), the Legislature has long provided a state-funded program of workers' compensation benefits for disaster service worker volunteers who contribute their services to protect the health and safety and preserve the lives and property of the people of the state. This program was established to protect such volunteers from financial loss as a result of injuries sustained while engaged in disaster service activities and to provide immunity from liability for such disaster service worker volunteers while providing disaster service. The definition of DSW below provides the expectation that both registered DSWs and those individuals impressed into service, will be eligible for workers' compensation benefits.

A disaster service worker is any person registered with a disaster council or the Governor's Office of Emergency Services, or a state agency granted authority to register disaster service workers, for the purpose of engaging in disaster service pursuant to the California Emergency Services Act without pay or other consideration. A disaster service worker includes public employees, and also includes any unregistered person impressed into service during a state of war emergency, a state of emergency, or a local emergency by a person having authority to command the aid of citizens in the execution of his or her duties. Disaster service worker does not include any member registered as an active fire fighting member of any regularly organized volunteer fire department, having official recognition, and full or partial support of the county, city, town or district in which such fire department is located.

**Training Material**

To be determined as operational tools and guidelines are developed.